



## Oklahoma's Breastfeeding Activities and Hotline: Positive Steps to Reducing Infant Mortality

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# Objectives

- Review Oklahoma's breastfeeding activities
- Describe development and implementation of the Oklahoma Breastfeeding Hotline
- Describe new Baby-Friendly™ Oklahoma project



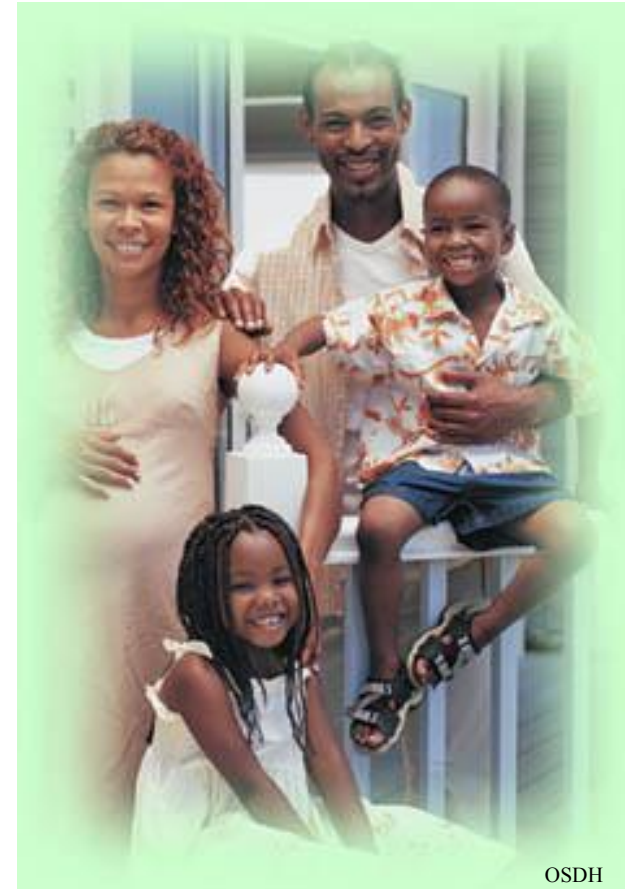
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# Oklahoma Health

Oklahoma ranks:

- 39<sup>th</sup> for infant mortality
- 43<sup>rd</sup> for diabetes
- 45<sup>th</sup> in obesity
- 46<sup>th</sup> in preterm births
- 46<sup>th</sup> in teen birth rates
- 47<sup>th</sup> in smoking
- **43<sup>rd</sup> in overall health ranking**
  - America's Health Rankings, 2012



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# Oklahoma Breastfeeding Rates

2009 (CDC)	National	Oklahoma	Ranking
Ever breastfed (BF)	77 percent	71 percent	38 <sup>th</sup>
Any breastfeeding at 6 months	47 percent	33 percent	43 <sup>rd</sup>
Exclusive BF at 6 months	16 percent	10 percent	45 <sup>th</sup>



# Excess Health Risks Associated with Not Breastfeeding

Outcome: Full Term Infant	Excess Risk
SIDS	56 percent
Death in first year	27 percent
Childhood Obesity	32 percent
Type 2 Diabetes Mellitus	64 percent



# Oklahoma's Breastfeeding Legislation

- 2004: Breastfeeding in public; jury duty
- 2005: Resolution to support working breastfeeding mothers
- 2006: Workplace breastfeeding legislation

## KNOW YOUR RIGHTS... IT'S THE LAW!

### Oklahoma Laws

**2004** Mothers have the right to breastfeed anywhere they have a right to be, and shall be excused from jury duty upon request.

HB 2102

**2006** Breastfeeding mothers may use unpaid break and meal times to breastfeed or express breastmilk at work. Employers are urged to provide a private area (other than a toilet stall) for this purpose.

HB 2358



♥ Have you visited a business that was breastfeeding friendly?

Let us know and they will receive a thank you letter.

♥ Have you been asked to leave a public place because you were breastfeeding?

Tell us and we will send a letter with information about the new laws.

**Call 405-271-4676 or 1-888-655-2942**

**<http://bis.health.ok.gov>**

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# Breastfeeding Workgroup

## Purpose:

- Increase the percent of mothers who breastfeed their infants at 6 months of age.

## Activities:

- Outline specific breastfeeding activities that will improve maternal and infant outcomes.
- Coordinate with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to plan and promote the annual WIC Breastfeeding Conference.
- Provide consistent breastfeeding messages.



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# Breastfeeding Workgroup

- Maintain the Breastfeeding Website <http://bis.health.ok.gov>
- Support the Oklahoma Breastfeeding Hotline
  - 1-877-271-MILK (6455)
- Support the Oklahoma Hospital Breastfeeding Education Project
- Increase the number of Baby-Friendly™ hospitals in Oklahoma



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# Providing Optimal Care for Breastfeeding Initiation



Curriculum for Hospital  
and Community-based  
Health Care Providers

Continuing Education  
Program



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# Oklahoma Breastfeeding Hotline

Jointly supported by:

- Maternal and Child Health Title V Block Grant
- OU Medical Center
- OU Health Sciences Center OB/GYN Department



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# Pre-Conception

- OU Medical Center Lactation Center provided 24/7 telephone support for breastfeeding families delivering at OU
  - 405-271-MILK
  - Had received calls from across Oklahoma and even other states
  - International Board Certified Lactation Consultant (IBCLC) staff stressed to provide inpatient care and telephone support



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# Conception

- Interested parties:
    - OSDH Maternal and Child Health
    - OSDH/WIC
    - Oklahoma Health Care Authority  
(OHCA - the state's Medicaid Agency)
    - OU Medical Center (OUMC)
    - OU Health Sciences Center (OUHSC)
- Department of OB/GYN



# Birth Plan

- IBCLC phone services available 24/7
- Available to any breastfeeding mother or family member
- Available to any healthcare provider
- Referral source for and to WIC Breastfeeding Peer Counselors, La Leche League (LLL) leaders, other mother-to-mother support groups
- Referral source for closest available outpatient lactation services



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# Labor

- Initial funding:
  - OSDH/MCH = \$12,000
  - OSDH/WIC = \$25,000
- Other funding requested
- Signed contract received by  
OUHSC OB/GYN Department 9-08



# Labor

- Resource books purchased for IBCLC use when on call
- Toll-Free Number reserved 9-24-08
- Toll-Free Number purchased and "activated" 10-24-08
- Number transferred to OUHSC vendor 11-19-08



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# Birth

- Hotline answered during business hours by IBCLCs on duty at OUMC/OUHSC
- Administrative costs absorbed temporarily
- Initial marketing costs handled by WIC
- Additional Marketing:
  - Conference presentations/displays
  - Prenatal classes
  - Websites and news releases
  - Oklahoma Resource Directory and Hotline Flyer
  - Television and radio spots





# Early Postpartum

- During business hours M-F, hotline answered or paged IBCLC directly
- After hours and weekends, callers could leave a message or page IBCLC directly
- Non-urgent messages returned the next morning during business hours



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# Covering Costs of Care

- As volume increased:
  - Need to pay for cost of IBCLC who is NOT seeing patients
  - Need to cover administrative costs
  - Need training/updates for IBCLC staff
  - Need electronic documentation
  - Cost of marketing



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# Covering Costs

- Maternal and Child Health explored additional funding sources for hotline
- Explored options for electronic documentation to save costs
- Minimized administrative overhead



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# Continued Growth and Development

- Hotline Coordinator oversees:
  - Scheduling
  - Online database
  - Timesheets
  - Quarterly/annual reports
- OB Department Lactation Manager oversees:
  - Contract
  - Personnel management
  - Reporting requirements

# Current Status

- Core team of IBCLCs who each take 24 hour call days
  - Use their personal mobile phones
- Calls answered by return call from IBCLC
  - Non-urgent calls returned during business hours
  - Urgent calls returned within 1 hour
- Documentation in online database



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# Oklahoma Breastfeeding Hotline

## Call Detail Entry

Consultant:

Call date time: 2/11/2013 9:03:52 AM

Urgent? ☐

Can Contact? ☐

Contact made:

Repeat Caller? ☐

Caller:

Referred by:

Mom Name:

Phone:

Maternal Age:

Ethnicity:

Pregnancy Hx:

Num children:

Baby age:  Full Term?

Weeks gestation:

Hospital:

Birth weight: lb  oz

Baby last weight: lb  oz

Delivery:

Date of Last Weight:

NumFeedings:

Wets 24Hr:

Stools 24Hr:

Call Length (min):

Call returned date/time:

Message:

SAVE

Cancel



# Documentation Required

- Each phone call:
  - Date of call
  - Age of mother and baby
  - Ethnicity of caller
  - Reason for call, time of call
  - Referrals made
- Quarterly and annual reports to submit
  - Include data on calls
  - Most common concerns of callers



# Statistics/Data

- 2011-2012: 3,100 total calls
  - 45 percent urgent
  - 55 percent non-urgent
- Time of day of calls (July-Sept. 2012)
  - 60 percent: business hours ( 8am – 4pm)
  - 36 percent: evening hours ( 4pm – 12am)
  - 4 percent: middle of night (12am – 8am)



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# Statistics/Data

- Maternal status
  - 64 percent: Primiparous
  - 36 percent: Multiparous
- Maternal ethnicity
  - 61 percent: Caucasian
  - 7 percent: Latina
  - 6 percent: Black
  - 3 percent: American Indian or Asian
  - 23 percent: Other/declined



# Births By Ethnicity

(Kaiser Family State Health Facts 2010)

	OK ( percent)	US ( percent)
White	64.0	54.1
Black	9.0	14.7
American Indian	11.3	1.0
Asian	2.4	5.9
Hispanic	13.0	23.6



# Statistics/Data

- Contact rate
  - 77 percent spoke with caregiver
  - 21 percent left message
  - 2 percent no contact
- Age of baby when calling
  - 57 percent are birth-5 weeks
  - 39 percent are 6 weeks – 12 months
  - 4 percent are >12 months 😊



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# Statistics/Data

- Most common reasons for calling
  - 19 percent: Milk production
  - 16 percent: Infant issues
  - 14 percent: Medications
  - 9-10 percent each: Breast, pump latch issues
- Most common referrals
  - 41 percent: Outpatient lactation services
  - 35 percent: Health care provider
  - 11 percent: County health department/WIC

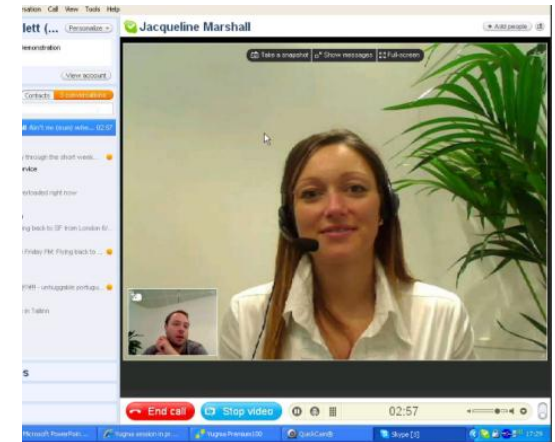


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# Challenges/Opportunities

- Blocked calls
- Staff training/orientation
- Text messages/email
- Video/Skype calls?
- Caller satisfaction survey
- Outreach among minority populations



# Oklahoma Hospital Breastfeeding Education Project

- 42 birthing hospitals participating
- Offer *Making Breastfeeding Easier* classes
  - Statewide, 7.5 contact hours
- Sponsor *Breastfeeding Continuing Education Program* (BCEP)
  - 5-50 books/hospital



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# Baby-Friendly™ Oklahoma



## Goals:

- Improve exclusive breastfeeding rates at hospital discharge
- Improve duration rates
- Reduce Oklahoma infant mortality and child/adult obesity rates



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# Baby-Friendly™ Hospital = Optimal Breastfeeding Care



- Two main components:
  - Ten Steps to Successful Breastfeeding
  - No marketing of breastmilk substitutes in the hospital

***Baby-Friendly™ hospitals do not accept or distribute free or low-cost supplies of breastmilk substitutes, nipples or pacifiers.***



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# Hospitals Encourage Breastfeeding by Not Giving Formula Bags

AREA	Number of Birthing Hospitals Bag-Free by 2012
Oklahoma City Metro Area	11
Tulsa Metro Area	3
Other Areas of State	9

*These 23 hospitals deliver  
more than half of the  
babies born in Oklahoma!*



# Baby-Friendly™ Environments

## Reduce Disparities

- All babies should have skin to skin contact
- All babies should stay with moms
- All moms deserve educated staff
- All moms deserve commercial-free hospital care



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# Baby-Friendly™ Oklahoma



- Received line item funding in July 2012
- Recruiting 10 pilot hospitals, Sept. 2012
- Host Baby-Friendly™ Oklahoma Summit
  - All birthing hospitals invited to send team
  - March 1, 2013
- Continue to recruit 10 hospitals/year
- Shepherd through Baby-Friendly™ process
- Stipends and portion of Baby-Friendly™ USA fees paid



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# Baby-Friendly™ Oklahoma Partners



# Baby-Friendly™ Oklahoma

July 2012 – June 2013

Year One - Recruit first group of 10 hospitals

Hospitals will:

- Sign a commitment letter to implement 4 of the 10 Steps in 1<sup>st</sup> year
- Participate in kickoff conference call/webinar
- Complete Baby-Friendly™ USA Discovery phase (1<sup>st</sup> 2 months)
  - Register, CEO support letter, self-assessment
- Begin Baby-Friendly™ USA Development phase
  - Policy, staff training, patient education

Baby-Friendly™ Oklahoma provides:

- Website Resources
- Model Policy
- Baby-Friendly™ Curriculum (15 nursing contact hours)
- Regional Train the trainer skills labs (verify competency)
- Regularly scheduled conference calls for hospital teams



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# Additional Statewide Breastfeeding Activities



- Partnering with Oklahoma Blood Institute (OBI)
  - Statewide OBI locations
  - Existing courier system for pickup and delivery
  - Quality donor screening
  - Parallel statewide missions!



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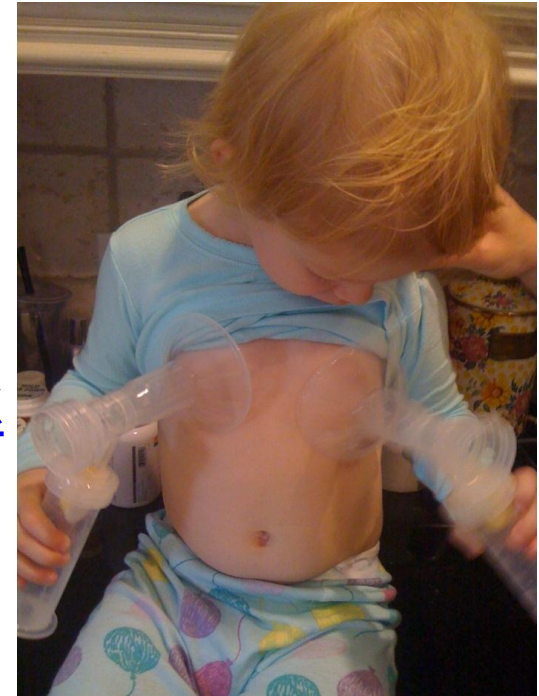


O K L A H O M A  
**mothers' milk bank**

For more information:

[www.okmilkbank.org](http://www.okmilkbank.org)

<http://www.facebook.com/okmilkbank>



**Special thank you to  
Mothers' Milk Bank of North  
Texas for all their support!**



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# Questions?

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# Improving Breastfeeding Outcomes Using Quality Improvement

Jennifer Ustianov



Project Director  
Perinatal Content Lead

*Best Fed Beginnings* is a project of NICHQ (the National Initiative for Children's Healthcare Quality), with support from the Centers for Disease Control and Prevention (CDC) and in close partnership with Baby-Friendly USA.

# Objectives

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- Describe the impact of breastfeeding on maternal and child outcomes
- Highlight key results strategies linked to improved breastfeeding outcomes
- Describe two strategies, employing QI methodology, which could be used to improved exclusive breastfeeding rates

# Getting to Know NICHQ

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- NICHQ is an independent, nonprofit organization working for more than a decade to make children's health and healthcare better through quality improvement.
- We help healthcare professionals and delivery organizations, foundations, government agencies, and communities make meaningful and sustainable system improvements so the children they serve can achieve their optimal health.
- NICHQ has a staff of more than 50 people, most of whom work in our home office in Boston, MA.
- For more info, visit [www.NICHQ.org](http://www.NICHQ.org)





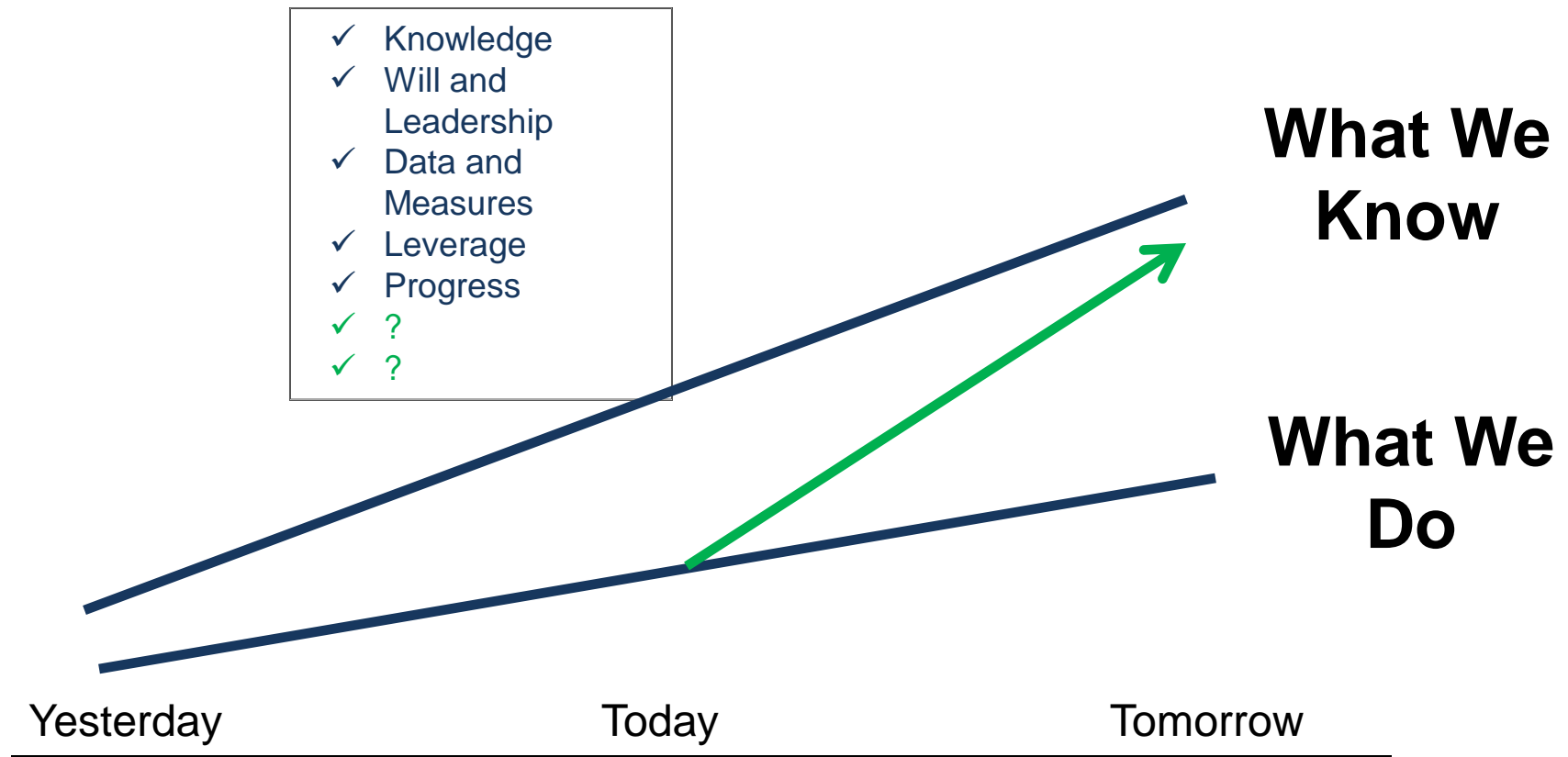
# Breastfeeding Is a National Priority

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- Healthy People 2020
- National Prevention Strategy
- White House Task Force on Childhood Obesity
- IOM Early Childhood Obesity Prevention Policies
- IOM Accelerating Progress in Obesity Prevention
- Bipartisan Policy Center: Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future
- AAP Breastfeeding and the Use of Human Milk
- The Surgeon General's Call to Action to Support Breastfeeding

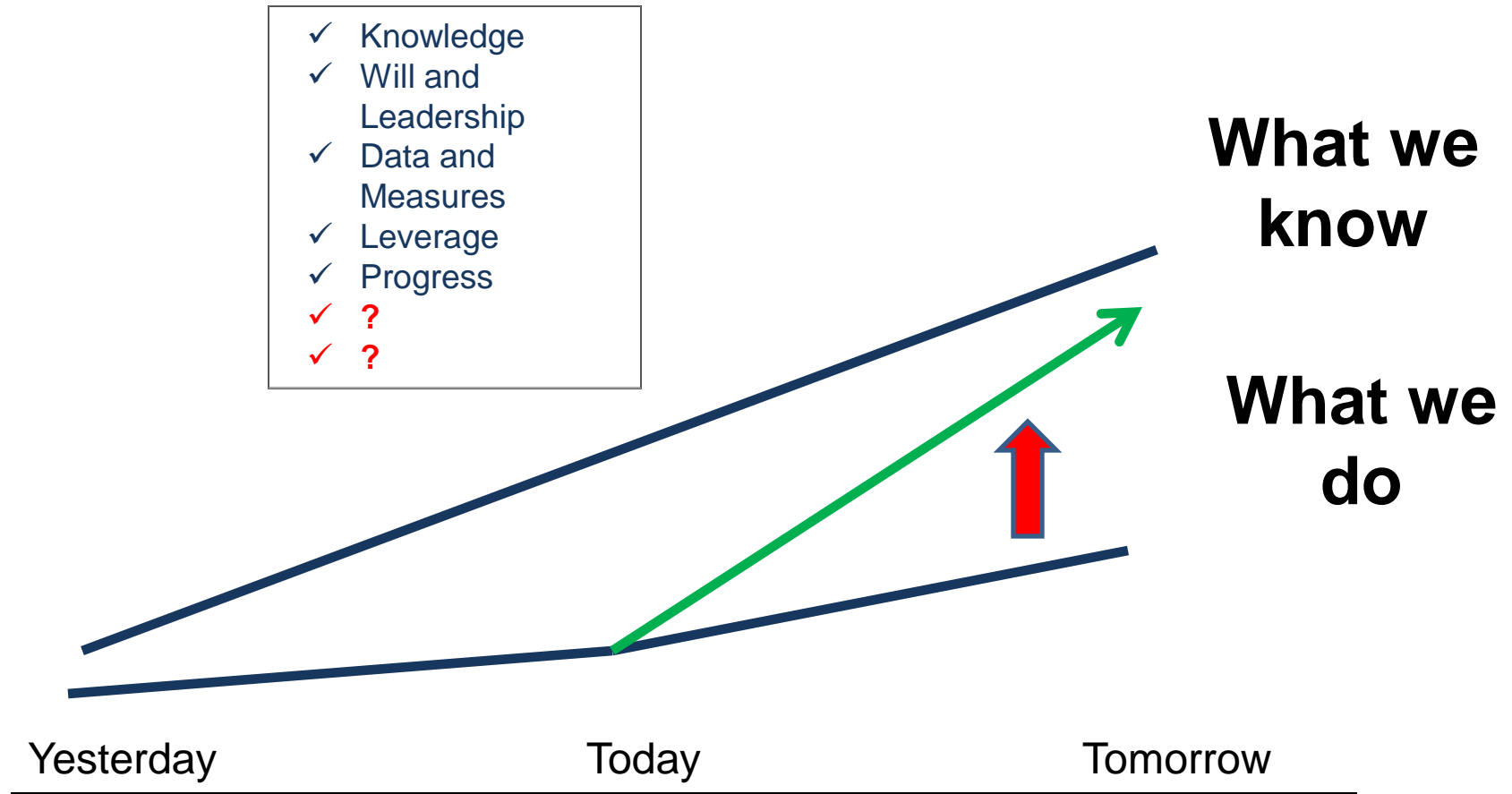
# Breastfeeding Outcomes

## Quality Improvement and The Know-Do Gap



# Breastfeeding Outcomes

## Quality Improvement and The Know-Do Gap







**WHAT  
WE  
KNOW**

# Breastfeeding: Important for the Mother

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Breastfeeding is associated with reduced risk for maternal:

- Breast cancer
- Ovarian cancer
- Type 2 diabetes
- Postpartum depression
- Cardiovascular disease
- Metabolic syndrome
- Rheumatoid Arthritis
- Anemia in short birth intervals

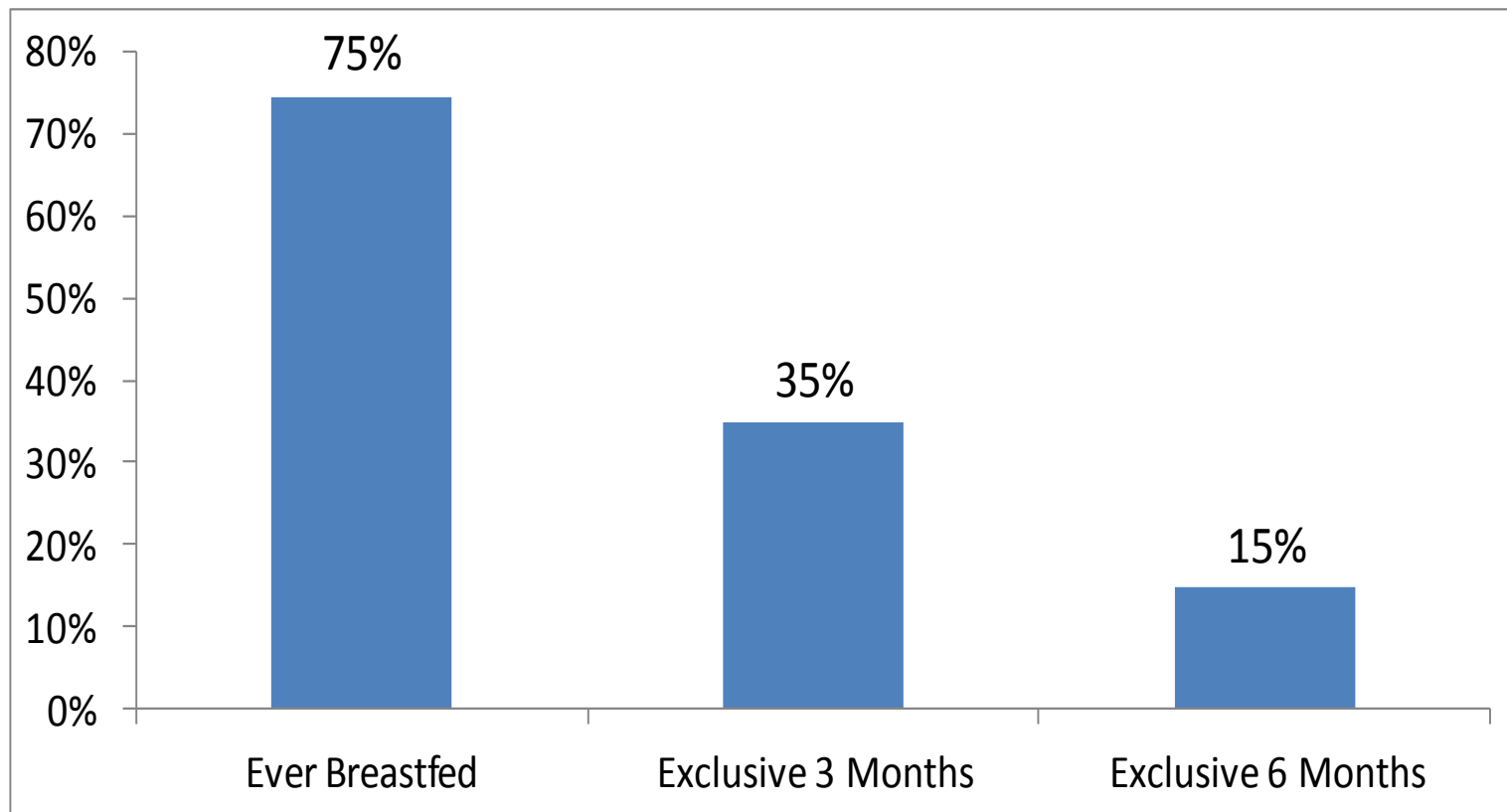
# Breastfeeding: Important for the Child (Risk Reduction)

Condition	Any	$\geq 3 - 6$ months		$\geq$ Exclusive 6 months
Otitis Media	23 percent	50 percent		77 percent
Asthma (positive family hx * /negative family hx**)		40 percent <sup>t*</sup>	26 percent <sup>**</sup>	
Atopic dermatitis (positive family hx * /negative family hx**)		42 percent <sup>t*</sup>	27 percent <sup>**</sup>	
Gastroenteritis	64 percent			
Obesity	24 percent <sup>t</sup>	4 percent per month		
Celiac Disease	52			

Source: *Pediatrics* Vol. 129 No. 3 March 1, 2012

# Why Is *Best Fed Beginnings* Important?

Percent Breastfeeding: CDC Breastfeeding Report Card – US, 2011



# What Is Baby-Friendly?

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- The Ten Steps to Successful Breastfeeding
  - 1989: the World Health Organization identified and codified a set of practices that characterize hospital environments that promote breastfeeding.
- Baby-Friendly Hospital Initiative (BFHI)
  - BFHI is an international program that encourages and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding.
- Baby-Friendly USA
  - Following codification of the Ten Steps in 1997, Baby-Friendly USA was established as the designating authority for the United States.

# The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within an hour of birth
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants
6. Give breastfeeding newborn infants no food or drink other than breast milk unless medically indicated
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours per day
8. Encourage breastfeeding on demand
9. Give no artificial teats or pacifiers to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic



**WHAT  
WE DO**

*Best Fed*  
**BEGINNINGS**  
Improving Breastfeeding Support in U.S. Hospitals



# Project Aim

---

- Promote exclusive breastfeeding nationwide by creating environments in which a mother's choices concerning breastfeeding can best be supported.
- We do this by:
  - Enabling hospitals to improve breastfeeding practices and earn Baby-Friendly Designation, and
  - Raising awareness and interest in breastfeeding and maternity care practices.

# Project Components

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- Three simultaneous Breakthrough Series Collaboratives involving 89 hospitals over 22 months
- Close partnerships with Baby-Friendly USAP and the United States Breastfeeding Committee (USBC)
- Formation of an *Advisory Committee on Community Support for Breastfeeding*
- Leadership Track – leaders as champions for change
- Sustainability and spread – national partnerships, community partners, breastfeeding website

# Key Drivers

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- Quality Improvement
- Evidence-based, interdisciplinary and culturally sensitive maternity care system enables all mother-baby dyads to be able to breastfeed
- Optimal staff knowledge, skills, competencies, accountability
- Engaged partners across multiple disciplines and healthcare sectors ensure supportive care transitions

# BFB Selected Sites

The map illustrates the distribution of BFB Selected Sites across the United States. Blue pins indicate the locations of these sites, showing a dense cluster in the Northeast (New York, Pennsylvania, New Jersey, Delaware, Maryland, District of Columbia) and another significant group in the Midwest (Illinois, Indiana, Ohio, Michigan, Wisconsin, Minnesota). Other pins are scattered across the West (California, Nevada, Arizona, New Mexico, Colorado, Utah, Idaho, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, New Mexico), the South (Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Arkansas, Missouri, Iowa, Nebraska, Kansas, Oklahoma, Texas, New Mexico), and the Great Plains (Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, New Mexico). Yellow stars mark specific locations in Texas, including Dallas and Houston. The map also shows the Gulf of California and the Gulf of Mexico, as well as the borders with Mexico and Canada.

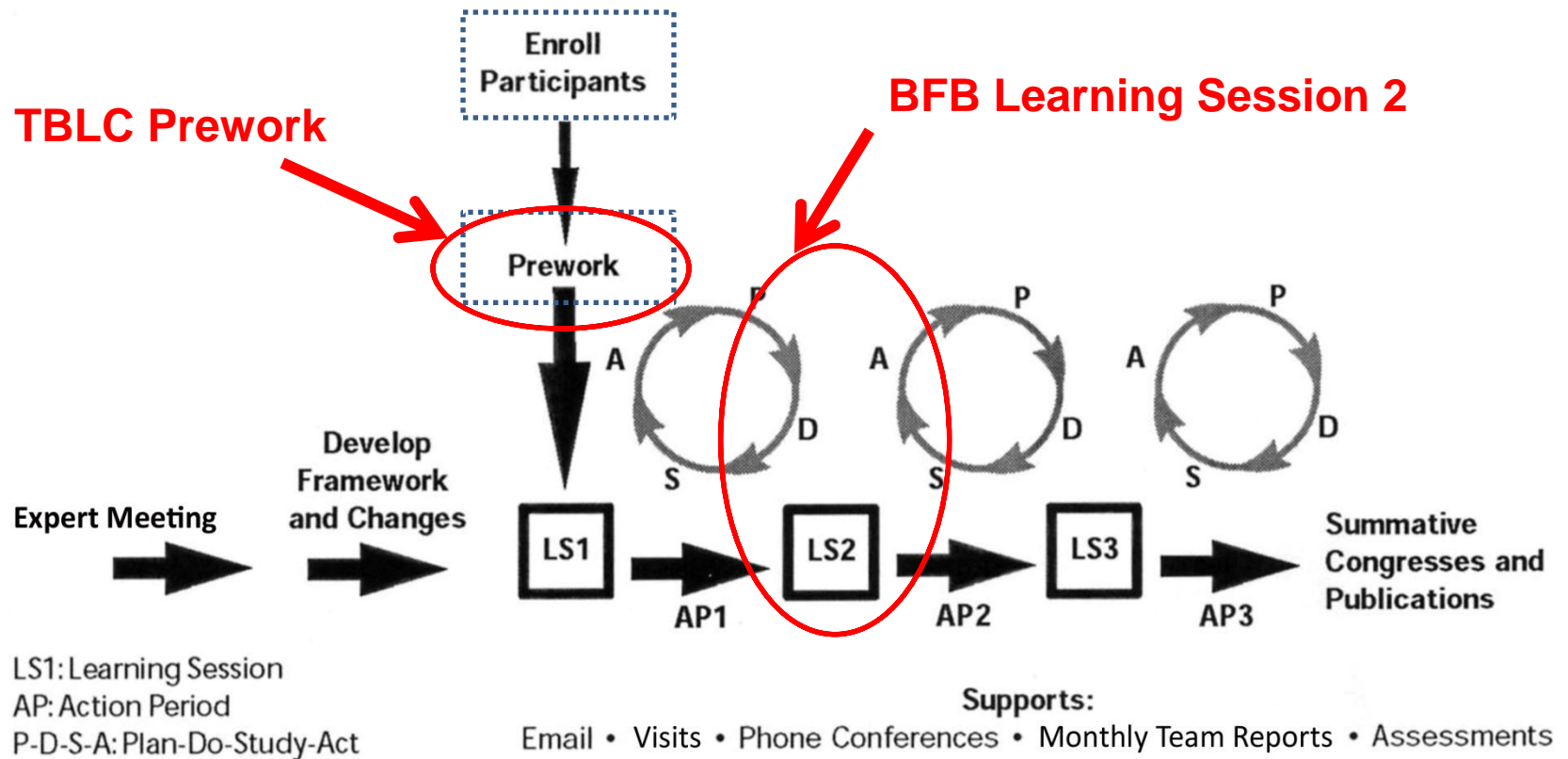




**HOW WE  
IMPROVE**

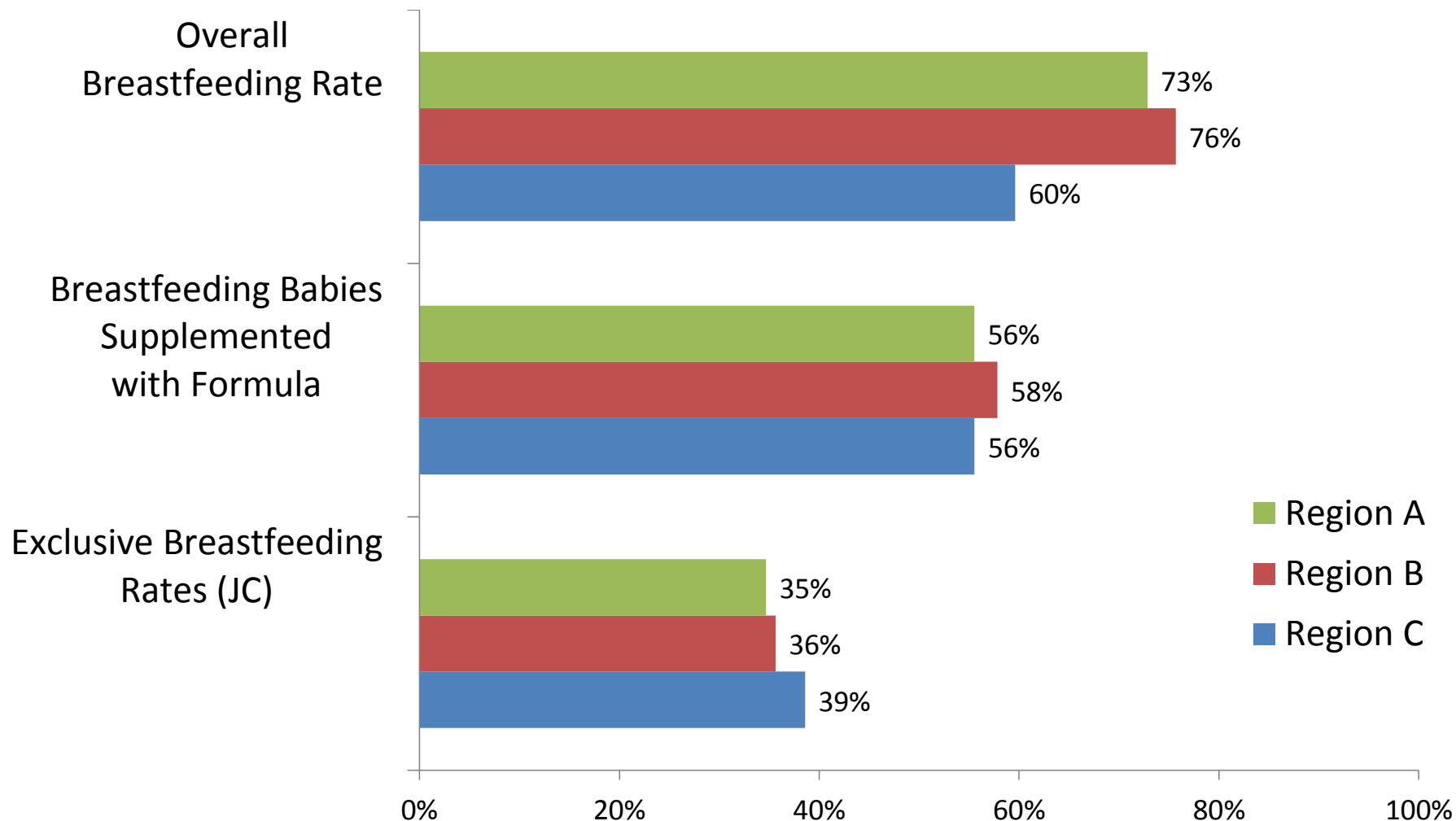


# IHI Breakthrough Series™ Model

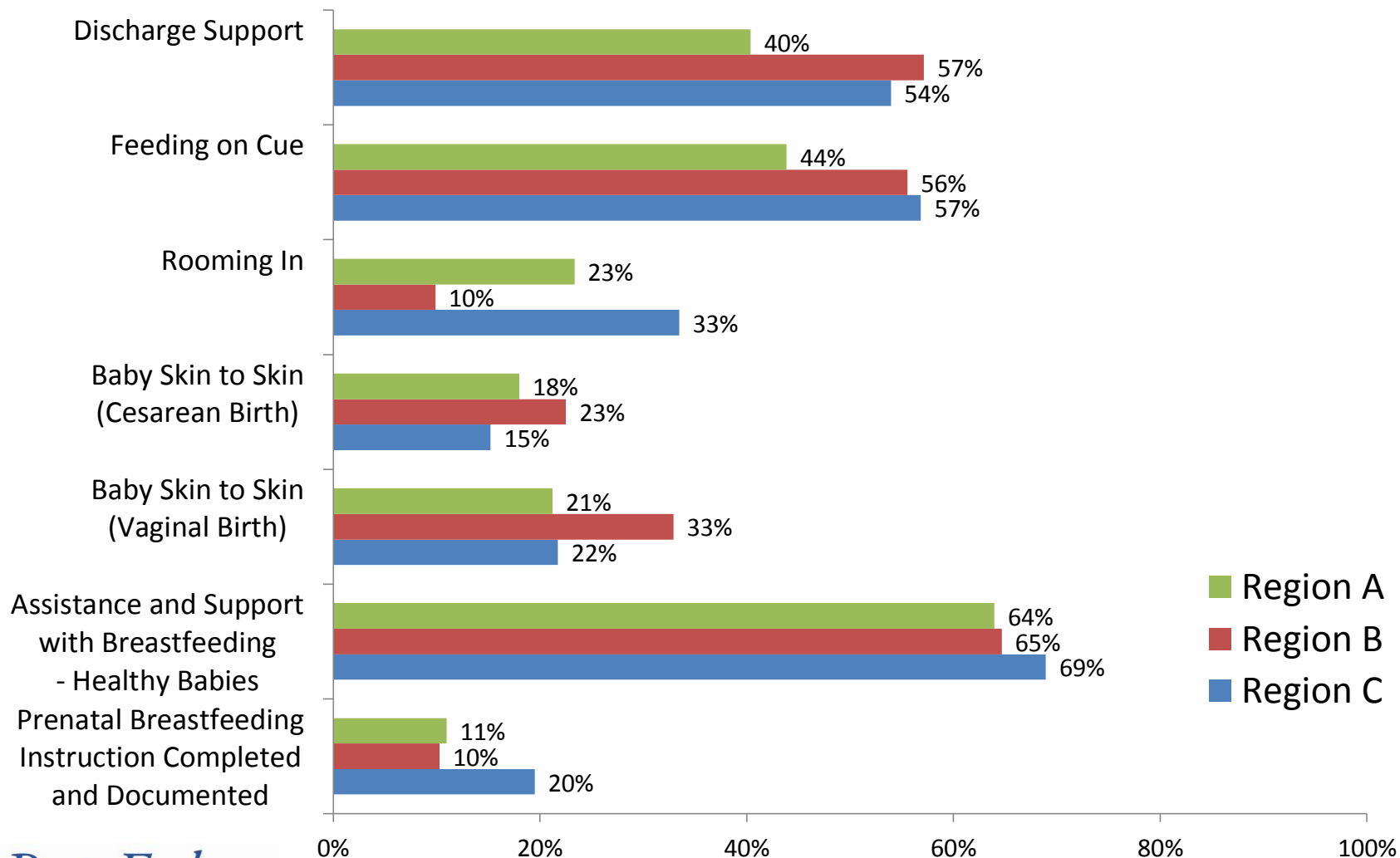


**Alignment with Baby-Friendly USA 4-D Pathway**

# Best Fed Beginnings: the Gap



# Best Fed Beginnings: the Gap





# Indicators and Dimensions of Quality of Care

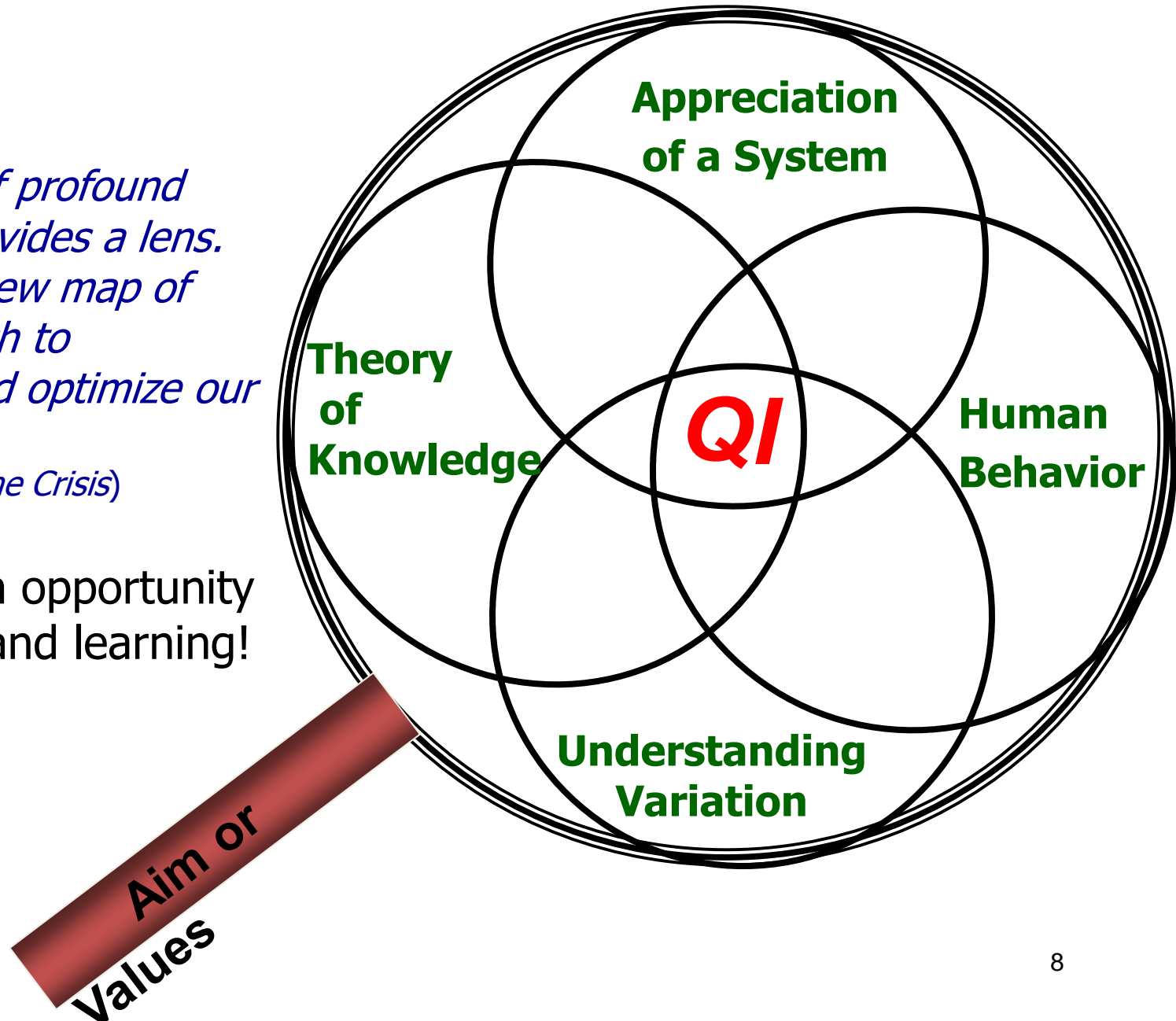
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- Safety
- Effectiveness
- Appropriateness
- Efficiency
- Timeliness
- Acceptability
- Health outcomes
- Health improvement
- Prevention/early detection
- Technical quality/proficiency/competence
- Access
- Continuity
- Availability of information
- Consumer participation/choice
- Patient/caregiver experience
- Respect and caring
- Affordability

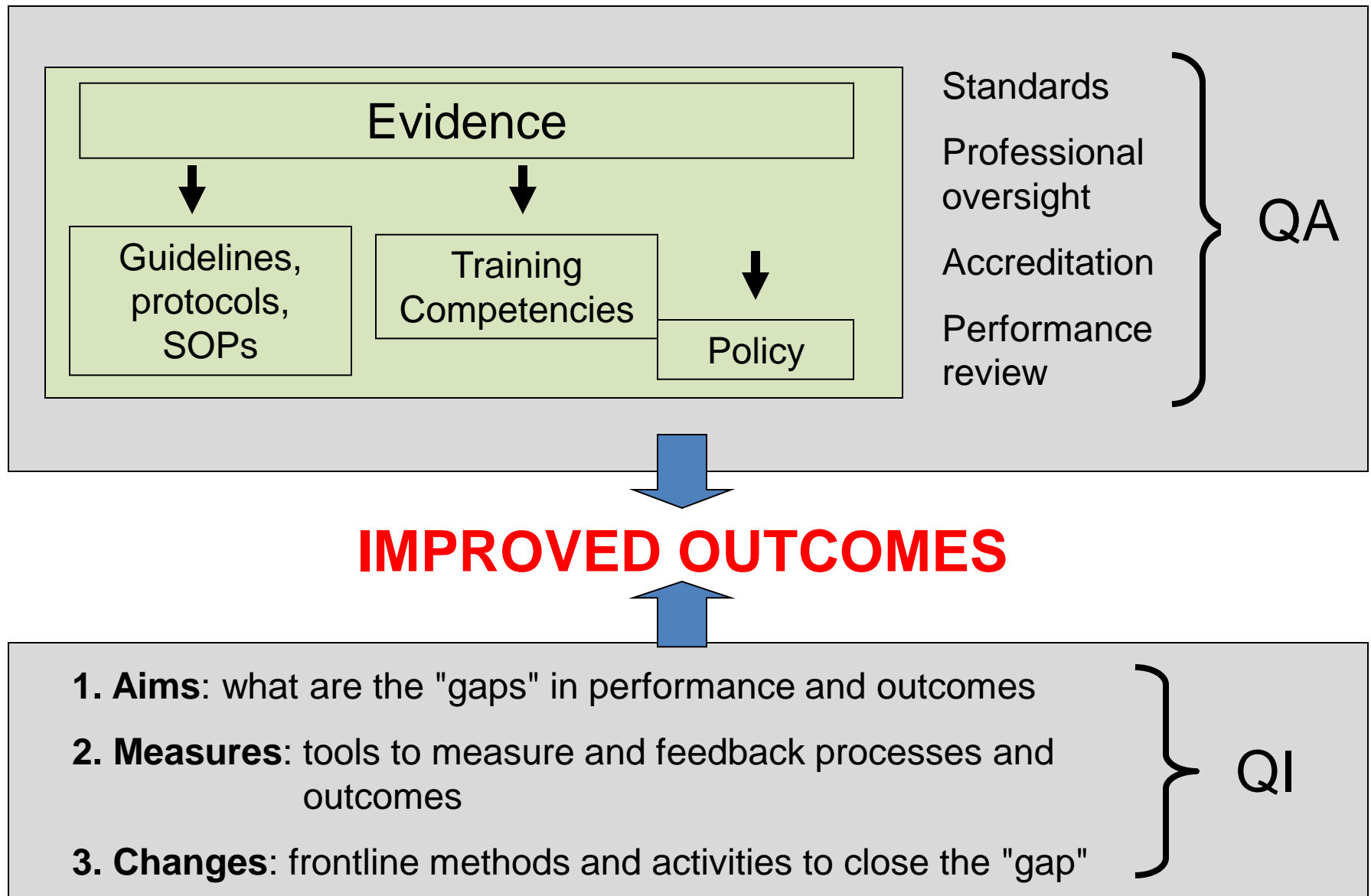
# The Lens of Profound Knowledge

*"The system of profound knowledge provides a lens. It provides a new map of theory by which to understand and optimize our organizations."*  
(Deming, *Out of the Crisis*)

It provides an opportunity for dialogue and learning!

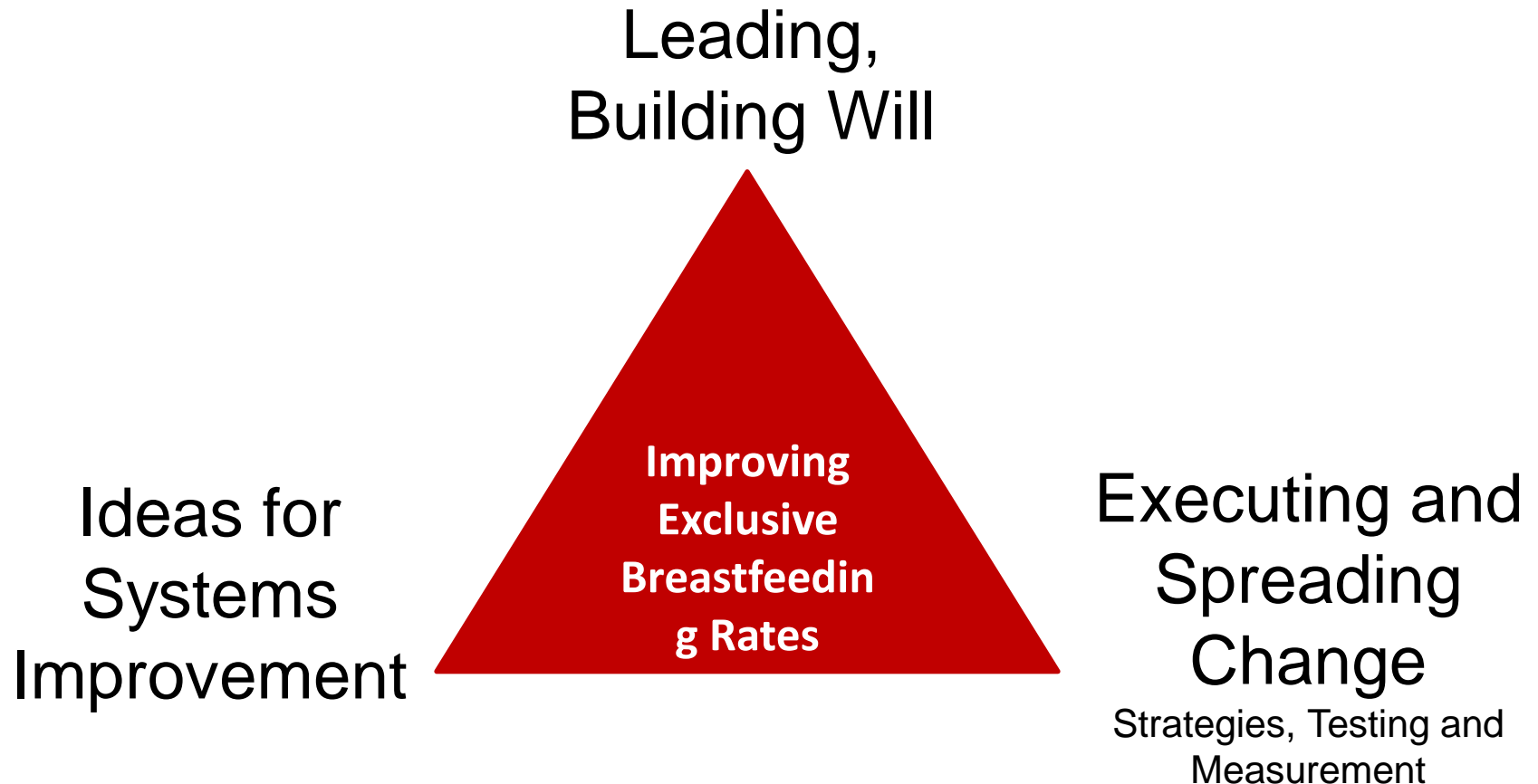


# QA and QI Are *Complementary*



# How Do We Get from What We Know to What We Do ?

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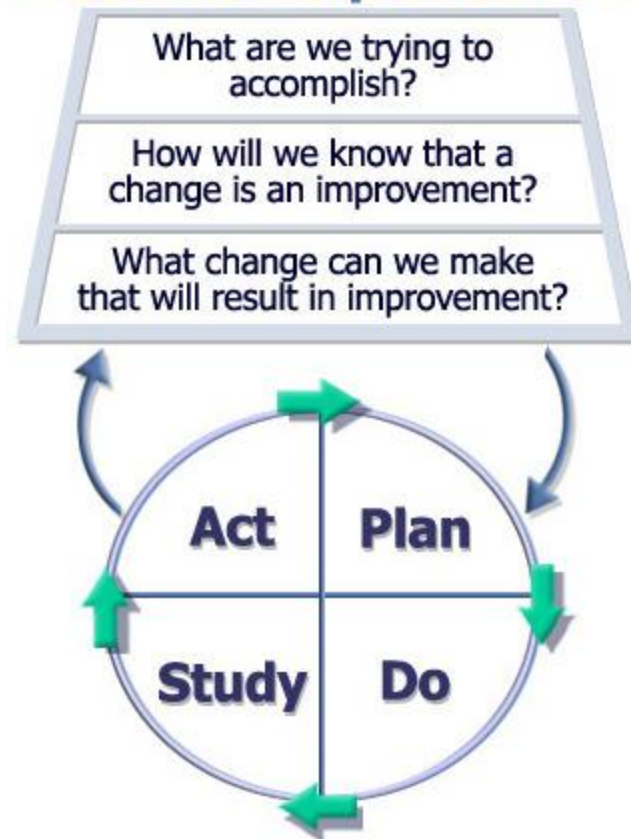


# Quality Improvement

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The techniques and  
methods we use  
to *apply*  
*what we know*

## Model for Improvement



# Creating an AIM Statement

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SMART AIM: *Specific, Measurable, Achievable, Realistic, and Timely*

**By December 30, 2015, we will improve our exclusive breastfeeding rate at day 2 of the hospital stay from 40 percent to 75 percent. (by 35 percentage points).**

- **Align with mission, objectives and goals**
- **Based on current baseline assessments and data**
- **Consideration of strengths and challenges**

# Different Levels of QI Measures

---

- **Structure:** attributes of the setting where the care is delivered
- **Process:** how the system works, whether or not best knowledge/practice is followed
- **Outcome:** impact of the care on health status

Structure and process are easier to measure than outcomes. Outcomes take longer.

# Summary of Improvement Principles

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- **Aim**
  - SMART Aim
- **Measures**
- **Ideas/Strategies/Changes**
- **Testing**
  - Test versus Task
  - PLAN-DO-STUDY-ACT cycles
- **Implementation**
- **Spread**



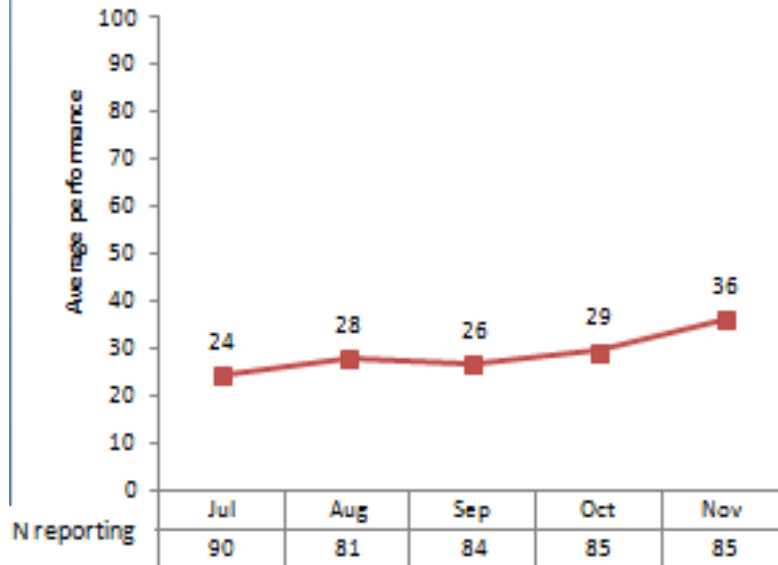
# ***Best Fed Beginnings***

## **Early Results**

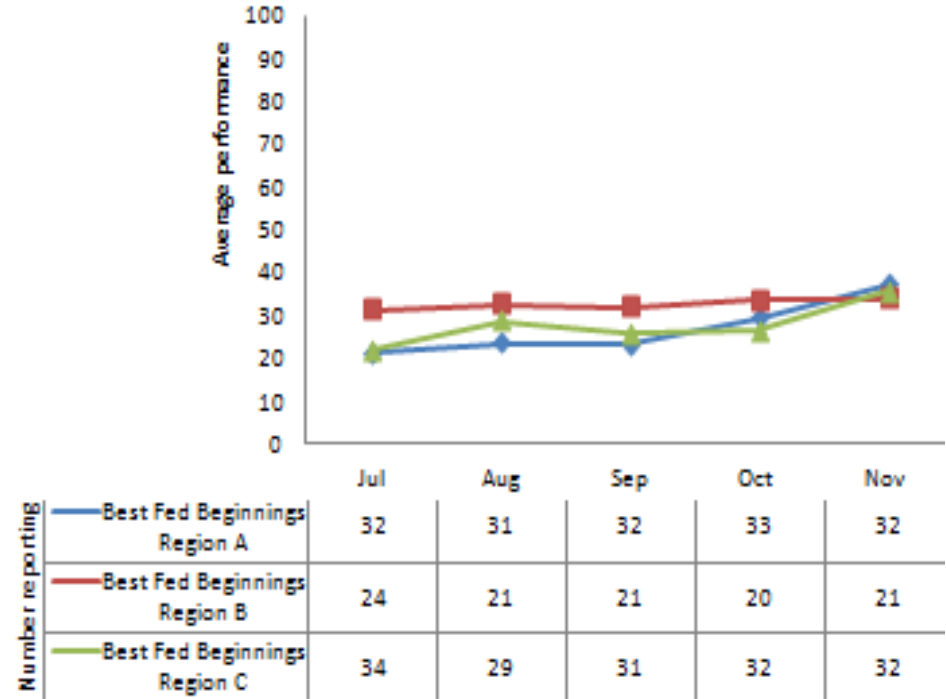
Monthly data aggregates

# Skin-to-Skin Care

P.4 Baby Skin to Skin - Vaginal Birth (all regions)

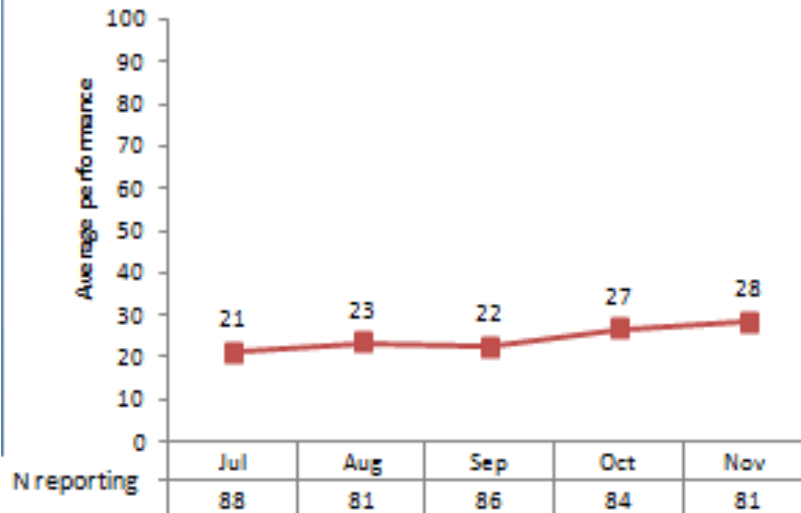


P.4 Baby Skin to Skin - Vaginal Birth (by region)

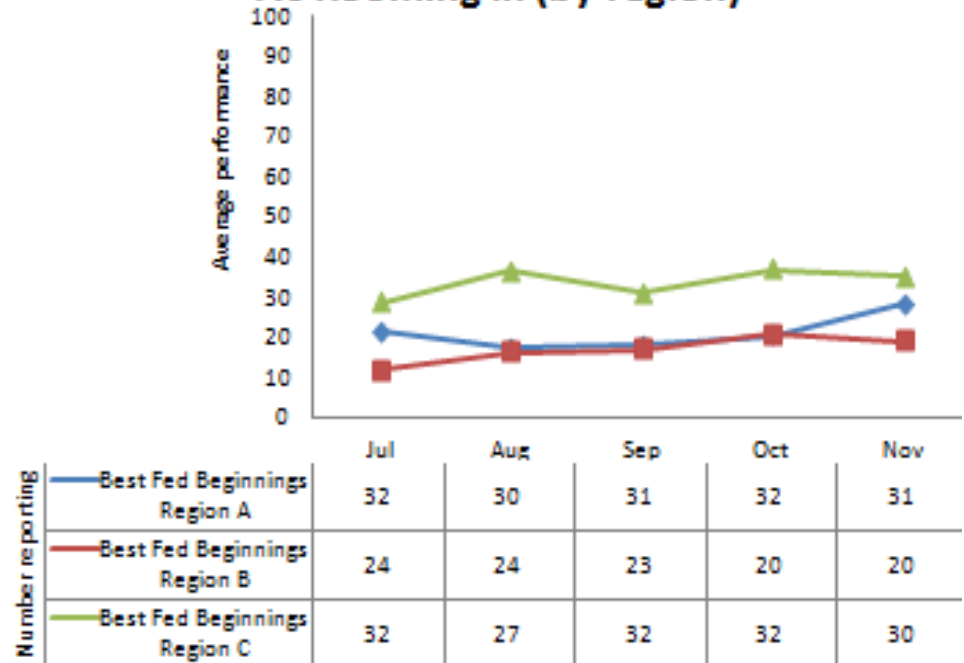


# Rooming In

**P.6 Rooming In (all regions)**

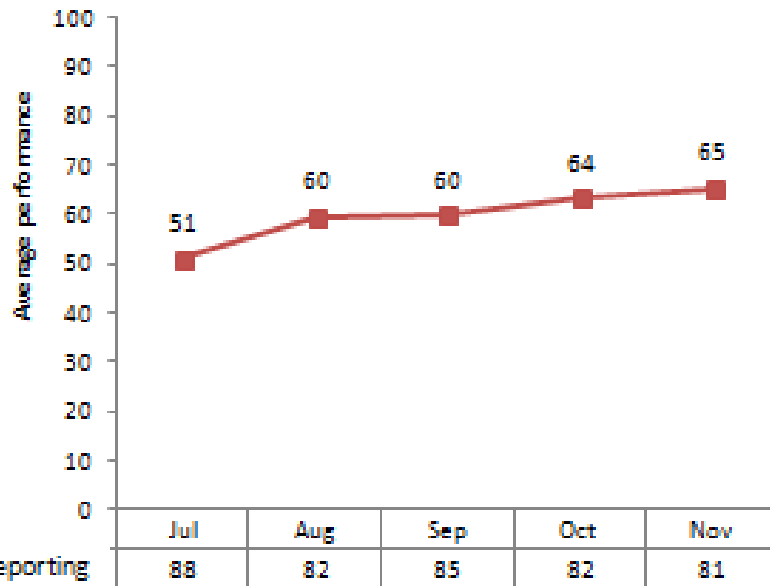


**P.6 Rooming In (by region)**

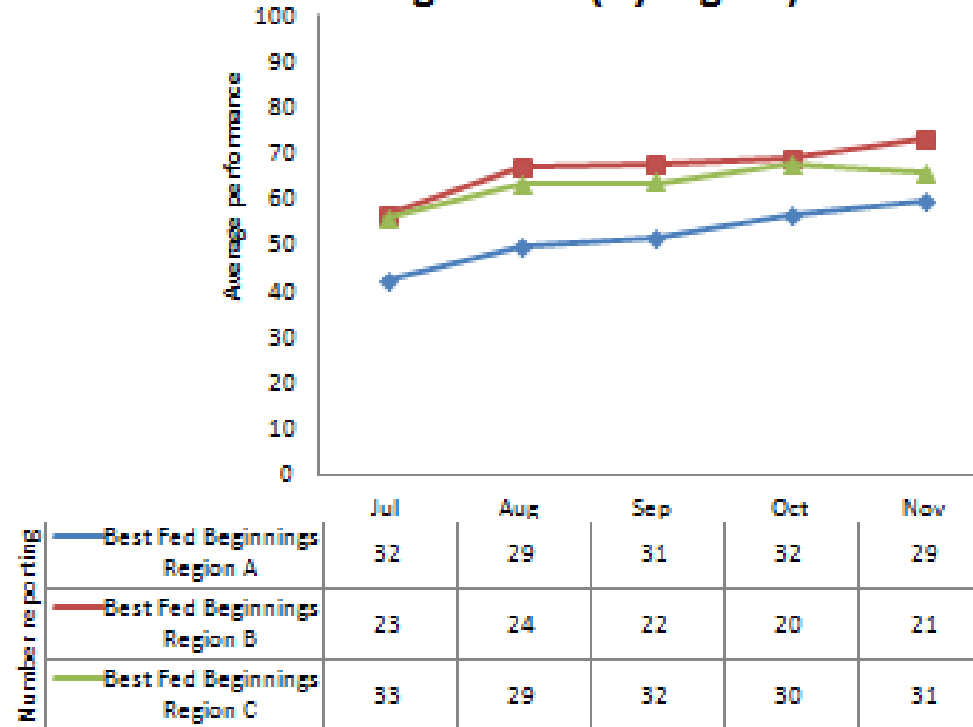


# Feeding on Cue

**P.7 Feeding on Cue (all regions)**

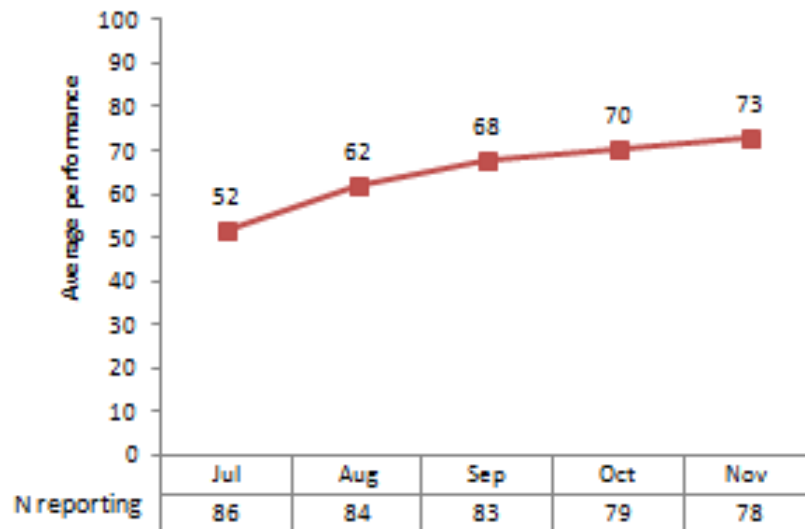


**P.7 Feeding on Cue (by region)**

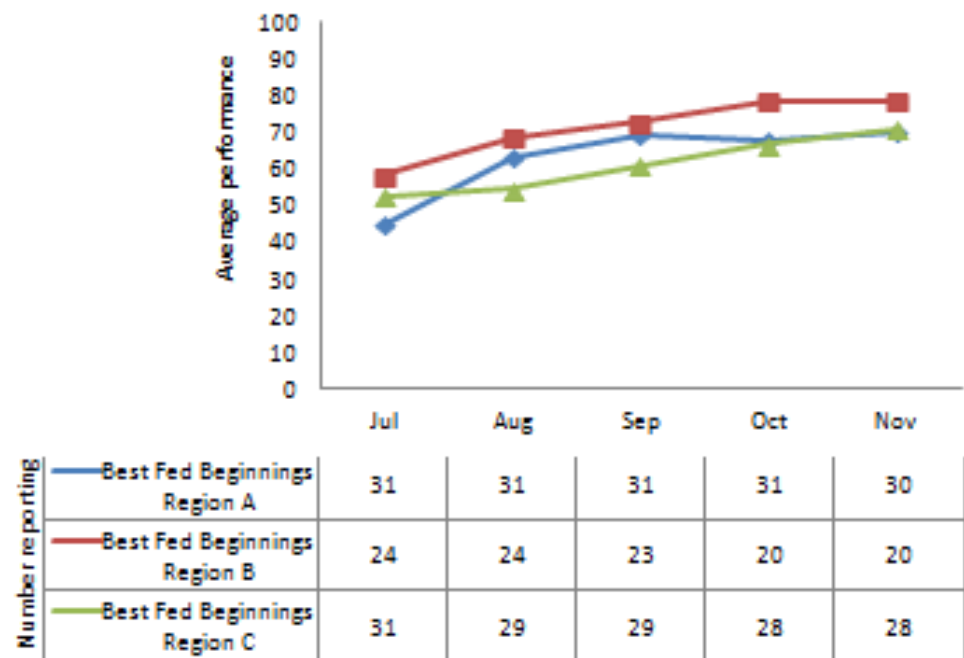


# Discharge Support

**P.8 Discharge Support (all regions)**



**P.8 Discharge Support (by regions)**

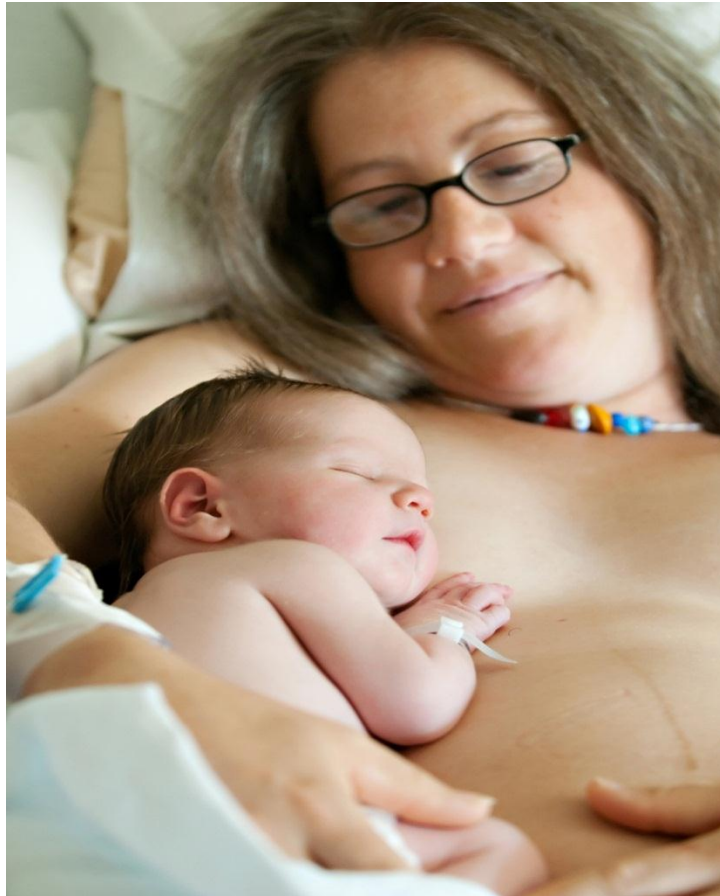


# Accomplishments and Themes

## (first 6 months)

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- 98 percent hospitals submitted an Infant Feeding Policy (Step 1) within the first four months of participation. *Tips...*
- Patients express appreciation for the changes they are making in care. *Tips...*
- "Skin-to-Skin Is a Convergence Step..." (*Trish McEnroe, BF USA*)
- *Partnerships are so valuable for success. Tips...*



## How We Sustain and Spread Improvement

# Essentials

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- **BFB Senior Administrative Leader (SAL)** required on each team
- **BFB Partnerships** to Enhance Exclusive Breastfeeding
- **BFB Advisory Committees**



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# Texas Ten Step Star Achiever

## Breastfeeding Learning Collaborative

An Initiative to Improve Infant Nutrition and Care



# Texas Breastfeeding Learning Collaborative (TBLC)

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## Project Goals

- Increase exclusive breastfeeding throughout Texas
- Complete the Ten Steps to Successful Breastfeeding
- Strengthen partnerships

# TBLC Aim Statement

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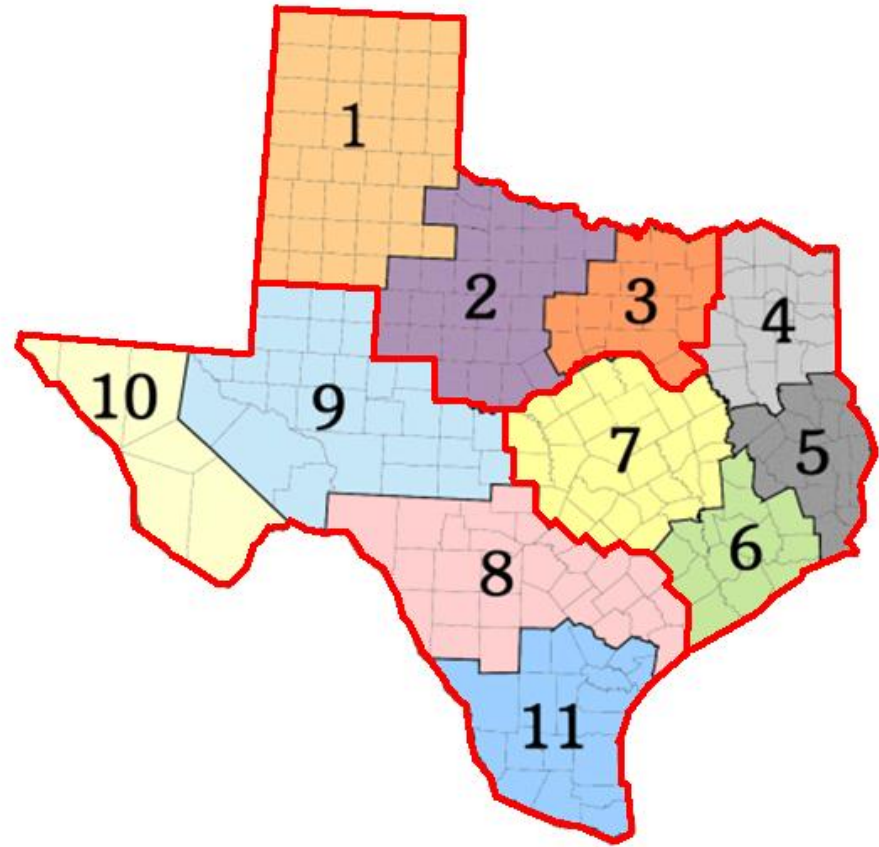
**By December 30, 2015, we will improve  
our exclusive breastfeeding rate  
at day 2 of the hospital stay  
from 40 percent to 75 percent.**

# Texas

## Health and Human Services Regions

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- Cohort A= Regions 1-3
- Cohort B= Regions 4-7
- Cohort C= Regions 8-11



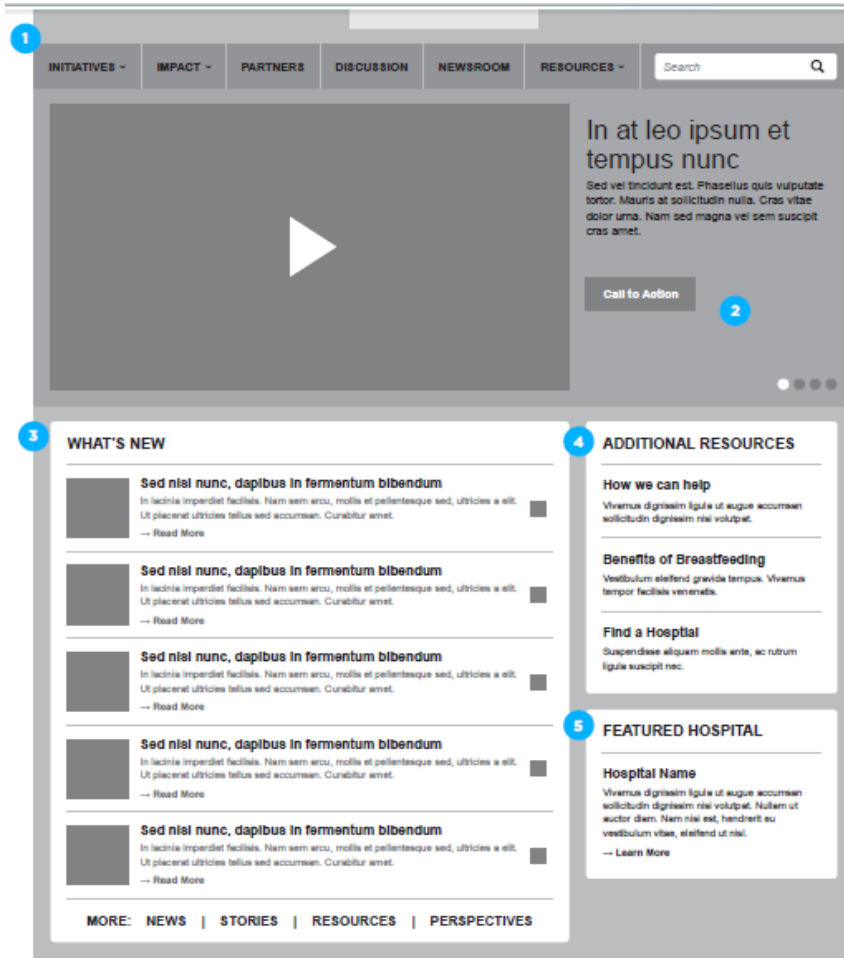
# Cohort A Improvement Reach

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30 percent of birthing centers

- 43 percent of the births
- 58 percent (two *BFB* sites)
- 65 percent of Dallas births (two *BFB* sites)

# Project Websites



Project websites to broadly share the work of the teams and the project  
Linking in all tools, resources and ongoing results

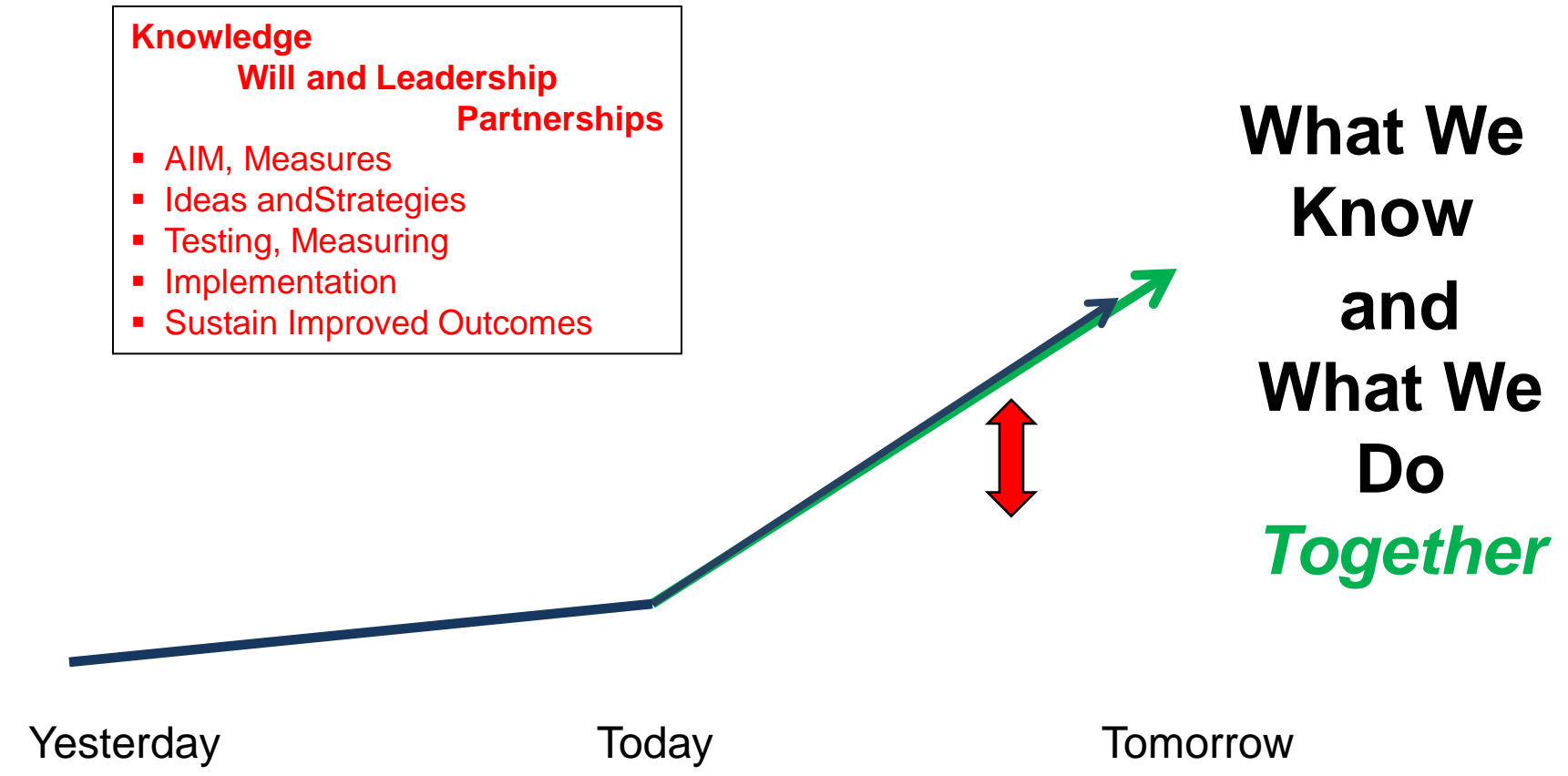
***BFB Website launched February 2013!***

***TBLC Website coming soon!***

***[www.NICHQ.org](http://www.NICHQ.org)***

# Breastfeeding Outcomes

## Quality Improvement and The Know-Do Gap







What Can YOU Do?E

*Best Fed*  
BEGINNINGS





[justianov@nichq.org](mailto:justianov@nichq.org)



# Improving Breastfeeding Outcomes Using Quality Improvement

Jennifer Ustianov



Project Director  
Perinatal Content Lead

*Best Fed Beginnings* is a project of NICHQ (the National Initiative for Children's Healthcare Quality), with support from the Centers for Disease Control and Prevention (CDC) and in close partnership with Baby-Friendly USA.